							1						
	in this information to the stor 1	to identify your co Joneen M. V											
Del	btor 2		- unio										
` '		otcy Court for the	: EASTERN DISTRICT	OF PENNSYLVANIA	4								
	se number 19	-13986	-		■ A	Check if this is: ■ An amended filing							
										g postpetition ollowing date:			
<u>O</u>	fficial Form	106I					N	/IM / DD/ \	/YYY				
S	chedule I:	Your Inc	ome								12/15		
atta	ch a separate she	et to this form.	r spouse is not filing w On the top of any additi										
	information.	.cyc.		Debtor 1				Debtor 2 or non-filing spouse					
	If you have more attach a separate information about	page with	Employment status	■ Employed□ Not employed	. ,				☐ Employed ☐ Not employed				
	employers.		Occupation	Analyst									
	Include part-time, self-employed wo		Employer's name Accolade, Inc.										
	Occupation may or homemaker, if		Employer's address										
			How long employed t	here?									
Pai	rt 2: Give De	tails About Mor	nthly Income										
	imate monthly incouse unless you are		ate you file this form. If	you have nothing to r	eport for	any	line, write	e \$0 in the	space. Inc	clude your nor	n-filing		
	ou or your non-filing e space, attach a s		ore than one employer, co	ombine the informatio	n for all e	empl	oyers for	that perso	on on the li	nes below. If y	you need		
							For Del	btor 1		btor 2 or ing spouse			
2.			ry, and commissions (b		2.	\$	4	,210.00	\$	N/A			
3.	Estimate and list monthly overtime pay.				3.	+\$		0.00	+\$	N/A			
4.	Calculate gross Income. Add line 2 + line 3.				4.	\$	4,2	10.00	\$	N/A			

Deb	tor 1	Joneen M. Walker	_	C	ase number (if k	nown)	19-1	3986		
			4.		For Debtor 1		nor	Debtor	pouse	
	Cop	copy line 4 here			\$ 4,210	0.00	\$_		N/A	_
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a			7.00	\$_		N/A	_
	5b.	Mandatory contributions for retirement plans	5b		. —	0.00	\$_		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		. —	0.00	\$_		N/A	_
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d 5e			0.00	\$_ \$		N/A N/A	_
	5f.	Domestic support obligations	5f.		:	9.51 0.00	· \$_		N/A	_
	5g.	Union dues	5g		·	0.00	\$		N/A	_
	5h.	Other deductions. Specify:	-	,	· —	0.00	· : —		N/A	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	!	\$ 90	6.51	\$		N/A	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	!	\$3,30	3.49	\$_		N/A	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a	١.	\$	0.00	\$		N/A	
	8b.	Interest and dividends	8b	١.		0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	:.	\$	0.00	\$		N/A	_
	8d.	Unemployment compensation	8d		·	0.00	\$		N/A	_
	8e.	Social Security	8e		<u> </u>	0.00	\$		N/A	_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.			0.00	\$_		N/A	_
	8g. 8h.	Pension or retirement income Other mentally income Specific Contribution from Figure 1	8g 8h	•		0.00	. \$_		N/A	_
	OII.	Other monthly income. Specify: Contribution from Fiance	_ 011	.T —	Ψ / 3	0.00	· Τ Ψ_		N/A	-
9.	Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.		9.	\$	75	0.00	\$_		N/	4
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	4,053.49	+ \$		N/A	= \$	4,053.49
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L		,	1 L				
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00								0.00	
12.		I the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailies						. 12.	\$	4,053.49
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?						month	y income
	П	Yes, Explain:								

Official Form 106l Schedule I: Your Income page 2